

Exhibit D



Department of State: Division of Corporations

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Entity Details

THIS IS NOT A STATEMENT OF GOOD STANDING

File Number:	6581810	Incorporation Date / Formation Date:	10/18/2017 (mm/dd/yyyy)
Entity Name:	OSTEON HOLDINGS, INC.		
Entity Kind:	Corporation	Entity Type:	General
Residency:	Domestic	State:	DELAWARE

REGISTERED AGENT INFORMATION

Name:	MAPLES FIDUCIARY SERVICES (DELAWARE) INC.		
Address:	4001 KENNETT PIKE, SUITE 302		
City:	WILMINGTON	County:	New Castle
State:	DE	Postal Code:	19807
Phone:	302-338-9793		

Additional Information is available for a fee. You can retrieve Status for a fee of \$10.00 or more detailed information including current franchise tax assessment, current filing history and more for a fee of \$20.00.

Would you like Status Status, Tax & History Information

For help on a particular field click on the Field Tag to take you to the help area.

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Entity Details

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File Number:	6581817	Incorporation Date / Formation Date:	10/18/2017 (mm/dd/yyyy)
Entity Name:	OSTEON INTERMEDIATE HOLDINGS II, INC.		
Entity Kind:	Corporation	Entity Type:	General
Residency:	Domestic	State:	DELAWARE

REGISTERED AGENT INFORMATION

Name:	MAPLES FIDUCIARY SERVICES (DELAWARE) INC.		
Address:	4001 KENNETT PIKE, SUITE 302		
City:	WILMINGTON	County:	New Castle
State:	DE	Postal Code:	19807
Phone:	302-338-9793		

Additional Information is available for a fee. You can retrieve Status for a fee of \$10.00 or more detailed information including current franchise tax assessment, current filing history and more for a fee of \$20.00.

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https://filebiz.org/scripts/efilcovr.exe

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

BEK

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Osteon Merger Sub, Inc.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Osteon Merger Sub, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
301 Commerce Street, Suite 3300

Fort Worth, Texas 76102

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Merger Sub Entity

ARTICLE IV SHARES

The number of shares of stock is: 1000 Common Stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael LaGatta Director

Address: 301 Commerce Street, Suite 3300
Fort Worth, Texas 76102

Name and Title: Ken Murphy Director

Address: 301 Commerce Street, Suite 3300
Fort Worth, Texas 76102

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Corporate Creations Network Inc.
Address: 11380 Prosperity Farms Road #221E
Palm Beach Gardens, FL 33410

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael LaGatta
Address: 301 Commerce Street, Suite 3300
Fort Worth, Texas 76102

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Rachel E. Kauffman Rachel Kauffman, Special Secretary 10/18/2017
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michael LaGatta 10/18/2017
Required Signature/Incorporator Michael LaGatta Date